

HIM & ONCOLOGY SUPPORT SERVICES

Backlog woes?

FHIMA

Florida Health Information Management Association

HOME
SEARCH
BULLETIN
BOARD

PRESIDENT'S
MESSAGE

FHIMA NEWS

ARTICLES

AHIMA UPDATE

e-Coastlines

President's Message

May/June 2006

President's Message

Holly Woemmel, MA, RHIA



Where has the year gone? As we have gone through Easter and entering the Spring time, your FHIMA Board and Committees have been working extremely hard on many issues and preparing for the upcoming convention in July.

The main issue I would like to discuss in this Presidents message is your participation in letting us know what you think of AHIMA's Proposed Bylaws Amendment on Inclusive Membership. The proposal would change AHIMA's bylaws to combine the existing active and associate membership categories into one category, active. The difference between the active and associate is that active may vote and hold office where associate may not. They are wishing to make this change to expand the scope of the profession's influence and to ensure the growth in the number of well qualified members in the field. FHIMA needs to know how the membership feels. We have posted all of the appropriate documents on the Florida Geographic CoP for your review and to become informed on this subject. We have also started a thread on the CoP in order for you to let us know whether you are for or against this bylaws amendment. It is important for you to post your comments there so we can get a sense for what the membership feels on this subject. We need to know how you would like the delegates of this state to vote on this matter. It is a very big decision, one that cannot be changed if we vote for it. AHIMA wants us to do

this as a virtual house vote starting on June 9th. There has been an amendment presented by the CSA, Illinois, to hold off a vote for this in October when the HOD meets in Denver. FHIMA does not have a sense in whether this will pass or not, so it is important that you post your thoughts on the CoP in the next month. Also, for those who are interested in what is being said on the National Level regarding this, you can go to the CoP and sign up to be part of the State Leader and HOD community. The FHIMA delegates that represent you will need to vote on the Illinois amendment on May 24th. Please read your AHIMA Advantage, April 2006 for more information as well. I really appreciate everyone's response to this most important issue. Make your voice heard! Join the Florida CoP today if you haven't done so.

I also want to make sure everyone has gone under the What's New Section of the FHIMA website. Posted there are the winners of the FHIMA election. The following are the newly elected Board:

President Elect	Stacie Buck, RHIA, LHRM
Director	Jill Finkelstien, RHIA
Director	Carla Gaines, MPH, RHIA, CCS
Director	Monica Hardy-Johnson, EdD, RHIA
Chief Delegate	Barbara Flynn, RHIA, CCS

Congratulations to our winners! The electronic voting went very well this year with 390 ballots submitted. It has been great knowing who the winners were right away this year, instead of waiting until June for the ballots to be counted.

Of another note, I want to make sure that everyone takes the time to read the article that Kelly McClendon did on the RHIO's. We need to identify the FHIMA members that are sitting on the local RHIO's. If you are one of those, please send an e-mail to hwoemmel@ositranscription.com or kmclendon@go-iem.com. The GHIIB is looking for a white paper from each RHIO and one of the requirements that need to be in this paper is privacy recommendations. It is imperative that FHIMA members lend their expertise to the RHIO's. Let's not be left behind, this is our time to lend our expertise to the important issues that are being addressed in your local RHIO's.

The legal manual has been completed by the Legislative Committee. If you are interested in purchasing the most up to date information, please look at the FHIMA website to download an order form for purchasing. Also, one of

the strategic initiatives this year was to put the regional manual in PDF format for easy distribution. This has been completed and can be found on the geographic CoP as well. Thanks to all that worked on updating the manual and Carolyn Glavan for pulling it together for distribution. It is full of information on how to help run your local associations. I also wanted to mention that this year we will have the AAPC joining us during the coding day. They have been awarded 6 CE's for this day. There were almost 2,000 AAPC names that were sent convention registrations. We are expecting a great turn out due to this. Please, make sure that you register to be with us at the Gaylord Palms for the FHIMA Annual Convention, July 24th through July 27th. The Program Committee has put together a great group of speakers to tickle everyone's fancy. I also wanted to mention that we will be putting the speaker's handouts on the FHIMA website for you to access and print before you come to the conference. There will only be a limited number of handouts on site. We look forward to seeing you there!

On one last note, I would like the FHIMA membership to vote for one of our very own during the AHIMA elections this year. Karen Bakuzonis is on the AHIMA ballot for HIT Educator for the Council of Certification. The Candidate Community of Practice opens to member's online discussion with the candidates June 19-30. The Election begins July 1-21 this year. I encourage everyone to take the time and vote for our AHIMA leaders.



FHIMA

Florida Health Information Management Association

HOME
SEARCH
BULLETIN
BOARD

e-Coastlines

PRESIDENT'S
MESSAGE

FHIMA NEWS

ARTICLES

AHIMA UPDATE

FHIMA News

May/June 2006

FHIMA Annual Convention - 2006

"Extreme Makeover - HIM Edition"

Date:

July 24-27, 2006 (Monday - Thursday)

Place:

[Gaylord Palms Resort & Convention Center](#)

6000 Osceola Parkway
Kissimmee, FL 34746
(407) 586-2000



Monday July 24, 2006	(TENTATIVE SCHEDULE) 18 CEU's OFFERED
Registration Hours	10:00 AM – 1:00 PM
Hospitality Hours	CLOSED
Exhibit Hours	CLOSED
10:00 AM – 1:00 PM	Registration
1:00 PM – 5:00 PM	House of Delegates <i>All members are encouraged to observe the FHIMA Legislative process</i>

6:00 PM – 8:30 PM	Leadership Dinner (By Invitation Only)
Tuesday, July 25, 2006	
Registration Hours	7:00 AM – 11:00 AM
Hospitality Hours	10:00 AM - 12:00 PM 2:00 PM - 4:00 PM
Exhibit Hours	10:00 AM - 12:00 PM 2:00 PM - 4:00 PM
7:30 AM - 8:15 AM	New Member/Student Orientation *tentative
8:30 AM - 9:30 AM	<p>"Laughing Matters" <i>Kent Rader, Keynote Speaker</i></p> <p>This keynote program will take participants on a journey showing how humor is a proven tool in combating stress.</p> <p>(Performance Improvement – 1 CEU)</p>
9:30 AM - 10:30 AM	<p>RAC Update - Recovery Audit Contractors <i>Mark Michelman, MD, MBA</i></p> <p>A new CMS 3 state pilot that includes Florida and its impact on miscoded DRGs and medical necessity.</p> <p>(External Forces – 1 CEU)</p>
10:30 AM - 11:00 AM	Break in Exhibit Hall C
11:00 AM - 12:00 PM	<p>Six Sigma for Healthcare - Already in Progress <i>Carol Przybycin, RN, BSN, MS</i></p> <p>Six Sigma is a data-driven method of identifying weaknesses in business and service functions, methodically devising solutions, and systematically monitoring their continued improvement.</p> <p>(Performance Improvement – 1 CEU)</p>
12:00 PM - 2:00 PM	Membership Luncheon
2:00 PM - 3:00 PM	<p>Health Law Updates - Release of Information <i>Michael Lowe, Esq.</i></p> <p>Covers the highlights of release of information in Florida including state and Federal guidelines.</p>

	(External Forces – 1 CEU)
3:00 PM - 3:30 PM	Break in Exhibit Hall C
3:30 PM - 4:15 PM	<p>Florida Current Legislative and Regulatory Issues <i>Kathy Reep, FHA</i></p> <p>A view on the current legislative health care issues impacting Florida.</p> <p>(External Forces – 1 CEU)</p>
4:15 PM - 5:00 PM	<p>Quality Initiatives - FHIMA Edition of 'From Trash to Treasure' <i>Maureen M. Gritz, CIC</i></p> <p>Public Data: its' evolution; the reasons; the sources; data collection; data uses; patient safety; future challenges and the impact on the HIM profession.</p> <p>(Clinical Data Management - 1 CEU)</p>
Wednesday, July 26, 2006	
Registration Hours	7:00 AM – 11:00 AM
Hospitality Hours	10:00 AM - 2:00 PM
Exhibit Hours	10:00 AM - 2:00 PM
8:30 AM - 9:30 AM	<p>After the Storm: The Path to Recovery <i>Tami Duplantis, RHIA and Danielle Berthelot, RHIA</i></p> <p>We welcome our fellow AHIMA members from Louisiana as they share their experiences in dealing with Hurricane Katrina.</p> <p>(Management Development – 1 CEU)</p>
9:30 AM - 10:30 AM	<p>EMR: Present and Accounted For <i>Beth Acker, RHIA</i></p> <p>Learn about the VA's electronic health record - including what worked for the Hurricane Katrina disaster and also the national electronic health record standards.</p>

	(Technology - 1 CEU)
10:30 AM - 11:00 AM	Break in Exhibit Hall C
11:00 AM - 12:00 PM	<p>Security from the IT Perspective <i>Michael Dunleavy</i></p> <p>Identity theft and EMR: Don't become the next victim! Are your patient records secure?</p> <p>(Privacy and Security – 1 CEU)</p>
12:00 PM – 2:00 PM	Lunch with Exhibitors
2:00 PM – 3:00 PM	<p>Career Makeover - Tools of the Trade <i>Perry Ellie, MA, FAHIMA, RHIA</i></p> <p>Optimal career tools will be shared in a common sense and interactive fashion.</p> <p>(Performance Improvement – 1 CEU)</p>
3:00 PM – 4:00 PM	<p>AHIMA Update <i>Angela Kennedy, MBA, RHIA, CPHQ</i></p> <p>What's new on the national level with AHIMA.</p> <p>(Management Development – 1 CEU)</p>
4:00 PM – 5:00 PM	<p>Teambuilding through Colors <i>Michele Stern, RHIA</i></p> <p>By knowing our "true colors," we can realize how this information causes shifts in the way we interact with people at work and in our lives.</p> <p>(Performance Improvement - 1 CEU)</p>
Thursday, July 27, 2006	
Registration Hours	7:00 AM – 10:00 AM
Hospitality Hours	CLOSED
Exhibit Hours	CLOSED
	<p>Fluid Balance and Kidney Disease <i>Robert S. Gold, MD</i></p>

8:30 AM – 9:30 AM	<p>Learn about the effects of diseases on fluid balance in the body, acute renal disease and the effects of chronic renal disease on fluid balance. Tie in the new hypovolemia codes with acute and chronic renal (failure? insufficiency?)</p> <p>(Clinical Foundation – 1 CEU)</p>
9:30 AM – 10:30 AM	<p>Neurological Work Up <i>M. Jeffrey Slepik, MD, MBA, FACEP</i></p> <p>Learn the clinical pathways for neurological type problems such as mental status changes, weakness and stroke protocol.</p> <p>(Clinical Foundation - 1 CEU)</p>
10:30 AM – 11:00 AM	<p>Break</p>
11:00AM – 12:00 PM	<p>Present on Admission Indicator and the Proposed Changes to the Hospital IPPS for FY 2007 <i>Barbara Flynn, RHIA, CCS</i></p> <p>(External Forces - 1 CEU)</p>
12:00 PM – 1:00 PM	<p>Lunch</p>
1:00 PM - 2:00 PM	<p>Best Practices for Coding</p> <p>Panel discussion for specific "hot topics", areas of concern, opportunities and what a few of our Florida hospitals have in place so you don't have to re-invent the wheel.</p> <p>(Performance Improvement - 1 CEU)</p>
2:00 PM – 3:00 PM	<p>The Problem Solvers - Inpatient Edition <i>Mario A. Perez, III, RHIA, CCS, CCS-P</i></p> <p>In depth analysis of current inpatient coding clinic guidelines, coding conventions and document requirements as they affect adherence to compliance regulations, 3rd party payers and reimbursement. Includes</p>

	discussion on discrepancies that affect the consistent applications of these guidelines. (Clinical Data Management – 1 CEU)
3:00 PM – 4:00 PM	The Problem Solvers - Outpatient Edition - Infusion Confusion <i>Andrea Clark, RHIA, CCS, CPCH</i> Design internal audit techniques for your facility. Work step-by-step scenarios and UB92 examples for ED, IV therapy and chemotherapy. Session also explores operational issues for Medicare and non-Medicare. (Clinical Data Management – 1 CEU)

Registration Fee Structure:

Registration Type	FHIMA MEMBER Advance (by June 16, 2006)	FHIMA MEMBER Late	NON- MEMBER Advance (by June 16, 2006)	NON- MEMBER Late
FULL (7/25-7/27) includes ALL food functions	\$315	\$340	\$340	\$365
Two Days Only (7/25-7/26 or 7/26-7/27) includes food functions	\$220	\$245	\$245	\$270
One Day Only (7/25, 7/26 or 7/27) includes food functions for the day specified and admittance to the exhibit hall if the hall is open on the day specified. Please Specify Date: _____	\$155	\$180	\$180	\$205
* Student - Full - includes ALL food functions	\$90	\$110		
* Student- Full- does NOT include food function	\$25	\$50		
*Student - One				

day only (7/25 or 7/26 or 7/27) - WITH FOOD	\$35	\$35		
*Student - One day only (7/25 or 7/26 or 7/27) - NO FOOD	\$25	\$25		
Exhibit Hall Only	\$50	\$50		
Additional Tickets for Membership Luncheon	\$40	\$40		

* HIM students - to qualify for the discounts, you **MUST** be an AHIMA member, a member of FHIMA **AND** have your Program Director sign the registration form.

To register on-line with a credit card, [CLICK HERE.](#)

[Click Here For Printer Friendly Registration Information](#)

[Click Here For Exhibitor Information](#)

Attire: Business Casual

For exhibit space, contact Carolyn Glavan, MS, RHIA at fhima@infionline.net or (813) 792-9550.

GAYLORD PALMS RESORT & CONVENTION CENTER



Experience the sun like never before.

Imagine a resort experience that brings to life the best of the Sunshine State .

All of the spirit...All of the excitement...All of the adventure...
All under one roof.

Few other places can summon such an immediate response as the atrium of Gaylord Palms™ Resort & Convention Center. You'll be awestruck by the resort's signature glass dome, where the Florida experience is showcased in all its glory — from the history and old-world charm of St. Augustine to the colorful and festive island spirit of Key West , to the mysterious waters and cypress of the Everglades .

Set in the style and grandeur of a turn-of-the-century Florida mansion, Gaylord Palms™ Resort & Convention Center offers:

Four acres of themed experiences under glass, including innovative restaurants, fascinating shops and live entertainment.

A top-notch guest experience, with all of the services and amenities you'd expect from a world-class resort hotel and convention center.

State-of-the-art and expansive convention, meeting, and exhibition space, designed with the meeting planner in mind.

The largest spa in Central Florida, a leading-edge fitness and health facility, and a championship golf course at Falcon's Fire.

Special activities for children including the La Petite Academy® Kids Station only 5 minutes away from the main gates of Disney, offering daily activities.

All while delivering a truly unique and exciting Florida experience unlike anything that has ever been seen before. The experience will truly be unforgettable!

Rates:

- Single/Double - \$167*
- Emerald Tower - \$207*
- Deluxe Suite - \$344*
- Executive Suite - \$291*

* Rate does not include \$10 daily resort fee or room and tax.

Self Parking - \$7.00 per day

Reservation Phone Number:

407-586-2000

Reservations must be received **no later than June 16, 2006**. Reservations must be guaranteed by advance payment of one night room deposit.

Visit the resort website for more information at www.gaylordhotels.com

[back to top](#)

FHIMA Proposed Bylaw Amendment

Lori Eytel Langley, RHIA, FHIMA Bylaws Chair

Below is the proposed FHIMA Bylaw amendment that will be voting on at the FHIMA House of Delegates meeting in July at the Annual Convention.

Current By Law	Proposed Amendment(s)	Rationale
<i>Article XI. Representation To AHIMA House Of Delegates</i>	<i>Article XI. Representation To AHIMA House Of Delegates</i>	Remove the term "mail" to align it with other FHIMA Bylaws pertaining to voting.
<i>Section 2. Election of Delegates</i>	<i>Section 2. Election of Delegates</i>	
Only Active members shall be eligible to serve as delegates to AHIMA.	Only Active members shall be eligible to serve as delegates to AHIMA.	
The FHIMA President, AHIMA Delegate,	The FHIMA President, AHIMA Delegate,	

<p>President-Elect and immediate Past President at the time of the AHIMA Annual Convention shall be delegates. Nominations of additional delegates shall be made by the Nominating Committee and election shall be by mail ballot of Active members. The ballot shall indicate the membership classification of each nominee. A plurality vote shall elect. The Executive Director shall be sent as an alternate if a delegate finds it impossible to serve."</p>	<p>President-Elect and immediate Past President at the time of the AHIMA Annual Convention shall be delegates. Nominations of additional delegates shall be made by the Nominating Committee and election shall be by mail ballot of Active members. The ballot shall indicate the membership classification of each nominee. A plurality vote shall elect. The Executive Director shall be sent as an alternate if a delegate finds it impossible to serve."</p>	
---	--	--



GET THE ALL NEW 2006 Medical/Legal Guide to Health Care Records in Florida!

FHIMA Medical Legal Guide 2006 Version is now available!

The new Medical/Legal Guide to Health Care Records in Florida is now available and ready for purchase. The Guide includes a CD and Notebook set for \$295.00 plus \$10.00 Shipping and Handling. Students enrolled full-time in an accredited HIT/HIM program may purchase the guide for \$65.00 plus \$10.00 Shipping and Handling.

The Guide has been reviewed, revised and updated! Order yours today!

[Click here for the 2006 Medical/Legal Guide Order Form!](#)



**NEW! FLORIDA SHOTS
DATA EXCHANGE**

FHIMA

Florida Health Information Management Association

HOME
SEARCH
BULLETIN
BOARD

PRESIDENT'S
MESSAGE

FHIMA NEWS

ARTICLES

AHIMA UPDATE

e-Coastlines

Articles

May/June 2006



WHAT CAN WE DO?

Pat Schnering, RHIA, CCS



In March, Holly Woemmel and I attended Winter Team Talks in Washington, D. C. We were treated to so much material on what AHIMA is doing nationally and how we could help that we were overwhelmed. I came back with a burning desire to let you know what is being done and what opportunities we (each of us) have to help our state and national association meet our mission "Quality Healthcare Through Quality Information". The following information was gleaned from information presented to us at the Winter Team Talks. My wish is that it helps you in understanding what is happening at the national level and inspires you to look at ways that you can be a part of the success in meeting the mission!

At the rate change is taking place in our industry and our profession; we certainly have a lot to think about. Let's focus on our role in this changing environment. What can and should we be doing and why? And how do we prepare ourselves to ensure that we don't just survive these changes but prosper because of them. And, at the same time, fulfill our promise as HIM professionals.

QUALITY HEALTHCARE THROUGH QUALITY INFORMATION

Most of you have seen this many times. It's a phrase we've used for

several years to help describe our association and what we're all about. I share it again with you today because it really captures the essence our professional mission.

Quality healthcare through quality information -- simple, but powerful.

There's our value.

There's our connection to patients.

There's our chance to make a difference to others.

If our efforts result in better information – both for patients and for care providers – we've made healthcare better. Mission accomplished. And each of us contributes to the achievement of that mission day in, and day out, no matter what job we hold.

Whether we're the HIM director who coordinates the transition to an electronic record...

Or the clinical data analyst who develops a documentation improvement program...

Or the coder whose work product helps feed research and the quality improvement process...

Or the transcriptionist who finds better and faster ways to provide an accurate report...

Or the product development specialist designing EHR software...

Or the faculty member who trains tomorrow's HIM workforce.

Challenges:

- Inadequate availability of patient information, such as the results of laboratory tests, is directly associated with 18 percent of adverse drug events.
- One of every seven primary care visits is affected by missing medical information
- In a recent study, 80 percent of errors were initiated by miscommunication, including:
 - missed communication between physicians
 - misinformation in medical records
 - mishandling of patient requests and messages
 - inaccessible record
 - misfiled or missing charts
 - inadequate reminder systems.

Do you see an opportunity for us to do more? How can we apply our unique knowledge and skill set to solve some of the problems behind these statistics? Because remember, these are more than just statistics. There are real people behind these numbers...real people

dealing not only with very real and often serious **health** issues but with serious **health care** issues as well.

Each of us knows some of these people behind the numbers. It is you, your parents, your spouses and your children, your friends and neighbors.

Each of us knows of someone who went through a terrible health related ordeal. Seeing multiple different doctors and/or under going surgery. While the experience of being ill by itself is more than most people think they can handle, the stress of playing the document game between all her different doctors only make matters worse.

Each specialist, each physician and each institution had their own set of forms, waivers, and requirements. There was no communication between them unless verbal communication was requested. But even when the doctors talked to each other verbally, still the necessity to go back and fill out all the forms again.

We find it hard to believe that, with all the other amazing advances in healthcare—such as those that save lives—doctors were so far behind the times in the way medical records are being handled. Faxing or mailing them from one place to another and having to repeatedly give the same information that they had on file. Patients never being sure what the doctor knew or didn't know. And having to repeatedly fill out forms can be the most stressful aspect of an illness. The time spent responding to all the paperwork collectively often can take more time than it took the surgeon to perform the procedure!"

How many of us have seen or heard stories about this in the facilities where we work? Are we confident that we are doing everything we can to prevent this kind of frustrating and stressful patient experience from happening over and over again?

And as we all know...it's not just the patients who have to deal with these issues but their family members as well...

Parents who are the advocate and librarian for their children. They keep track of extensive and complex medical records stored in boxes, binders, and personal memory. Despite their best efforts to accumulate all the relevant data, they are always fearful something has been forgotten or that crucial information is missing.

As the volume of the medical records grows, it becomes more challenging for parents to play the "document game." They are often left to keep track of every detail in order to retell their son's and daughter's medical history during even the most stressful times.

Hospitals and physicians are not accustomed to providing the detailed level of information that they may need. Keeping track of critical medical information can be a source of frustration and desperation for parents—and a potential danger for their children.

As HIM professionals, is there anything we can do here to help? Do

we find it acceptable that the patients and caregivers who are treated at the facilities where many of us work are compelled to carry their medical information around in a binder out of desperation and fear?

At the same time, we also need to recognize that simply adding new technology isn't enough. If our nation's move to electronic health records amounts to simply digitizing existing data collection methods, you know what problems lay in store. We need to understand what data is needed by whom, and when, and what data needs to be collected in the first place.

These stories help illustrate this point. It really hits home with those of you who work in a hospital. It's something you most likely deal with every day.

Consider the needs of elderly patients. For example an elderly lady comes to the emergency department for chest pain that hadn't responded to nitroglycerin at home. Supplemental oxygen and nitroglycerin resulted in a resolution of the symptoms, but the patient was admitted for cardiac monitoring. When giving her history to her physician, she couldn't recall the names or doses of some of her medications. But the hospital was able to access the electronic health record of the large clinic where she received most of her care. The medication list as of her most recent visit included, among other meds, diltiazem, and metoprolol – so the physician ordered those meds with the doses from the electronic list. One hour later, the physician was paged. The nurse informed her that patient had developed a junctional rhythm with bradycardia, and said "she looks really bad." On reviewing the electronic record in greater detail, the physician found a recent note from her cardiologist documenting his plan to discontinue the diltiazem, and decrease the metoprolol due to recent bradycardia.

Neither the EHR medication list, nor the most recent note from her primary care physician reflected those changes, but a call to the pharmacy confirmed that those changes had, indeed, been made. What does that mean? That means that the patient had been given diltiazem against the advice of a cardiologist, and got a more than three times higher dose of metoprolol than her cardiologist advised.

The clinic took this as an opportunity, and audited a sample of their electronic patient records. They found that medication lists commonly lagged FAR behind clinic notes, frequently containing meds no longer received by the patient, often omitting new medications, and often failing to document changes in dose. These same problems were also found on the electronic problem lists.

This story is a good example of how information can sometimes hurt, rather than help, and that merely *having* an electronic record isn't the solution, if that information isn't up to date, consistent, and readily available when needed. And those qualities are not something you can buy from any EHR product...they are underlying workflow issues that every organization will need our help to

address.

These examples provide powerful illustration of why we must continue to work toward the two overriding goals of our e-HIM initiative.

1. To move the industry from a paper to an electronic environment
2. To deliver value in the form of measurable improvements in quality, safety, and cost from these electronic health information management systems.

As EHR adoption rates grow, there will also be a growing need for better ways to understand, organize, and analyze health data captured by these systems. In fact, the industry's ability to effectively manage and use information in this increasingly electronic environment will be essential to controlling healthcare costs and improving productivity and health outcomes.

What are **YOU** doing to meet the goals of e-HIM? How are you applying your unique knowledge and skill set to help ensure a smooth transition from paper to electronic records? What are you doing to make sure that investment in new EHR systems and efforts to build health information exchange networks are fulfilling their promise of faster, safer, more efficient patient care?

There are dozens of HIM issues that need to be addressed every step of the way. Issue like:

- data content standards
- defining the legal EHR
- patient identification methods
- privacy and disclosure policies
- data mining techniques
- regulatory requirements
- and many others

When it comes to e-HIM, there is a role for each of us. There is opportunity for all of us to participate and contribute in some way or another. We've just got to take the initiative.

Once involved in health information exchange efforts, HIM professionals can quickly demonstrate knowledge and skills vital to successful project implementation.

The value of networking with other people involved in RHIO's

- learning about matching on patient data
- hearing from others in the community who will be involved with the sharing of information
- looking at a bigger picture beyond just your hospital and the information you protects and deals with every day.

Strengthen your general information technology knowledge and

learn more about each stakeholder's needs to round out your skill set. A better understanding of what's of interest to each stakeholder allows you to get systems in place that benefit everyone.

The skills you bring to the project include your knowledge of the requirements of medical recordkeeping systems, both hardcopy and electronic; knowledge of state and federal regulations related to record keeping requirements; data reporting methods and requirements; state and federal privacy regulations; and project management.

The whole idea of RHIOs and the sharing of patient information is our future, and HIM needs to be involved.

Some of you may feel as though these regional and state level initiatives are far removed from your day-to-day work responsibilities, but you can bet that, at some point, we will all be impacted by the decisions being made now regarding how these health information exchanges will operate.

The opportunities are out there. If you are not engaged then you should be. And one of the best ways to get more engaged in what's happening in the industry is to get more actively engaged in your AHIMA and FHIMA membership. Don't be a passive member of this association. Take advantage of what's available to you.

AHIMA MEMBER RESOURCES:

Our membership in AHIMA provides us access to a tremendous wealth of *exclusive* resources...resources that can help us learn, participate, and contribute...resources that can help us achieve our professional goals...whatever they might be.

The following highlights several essential AHIMA member resources. Some of these you will already be familiar with but others you may not. Be aware of the wide range of benefits, tools, and services available to you. The quantity and quality of these resources is a very tangible way for you to measure the value of your membership.

COMMUNITIES OF PRACTICE

There are more than 300 of these communities dedicated to subject areas...geographic areas...practice specialties...and work settings. Did you know there are active Communities dedicated to Pharmaceutical Research and Development? International HIM professionals? Clinical Terminologies and Vocabularies? And even Veterinary Health Information Management? Participating in the Communities of Practice is a great way to learn from your colleagues and share your knowledge, or explore a new area of interest.

THE FORE LIBRARY

HIM Body of Knowledge contains more than thirty-seven hundred

(3700) documents. Like the CoP, this resource is available to members only. The BoK is your private professional library loaded with useful information no matter what your role or work setting. Search the term "coding" and you get almost nineteen hundred (1900) results. Is "coding" a little too broad? Want to narrow your search a little? To find only articles on OPPI or ICD-10? The BoK allows you to refine your searches so that you can easily identify only those documents related to your specific area of interest.

JOURNAL OF AHIMA

The Journal brings you the latest HIM practice expertise ten times a year. But have you all heard of AHIMA's new online peer-reviewed research journal? *Perspectives in HIM*? *Perspectives* offers the latest in HIM-related research on topics like designing a healthcare data warehouse, consumer informatics, and using MEDPAR data to better align payment and delivery of quality care

PRACTICE GUIDELINES

To help you make the transition to the e-HIM environment, AHIMA's e-HIM resources are available to you through both the Journal and the BoK. To date, there are 18 practice guidelines published in the last three years on topics ranging from computer-assisted coding...to implementing e-signatures...to the legal EHR. More are on the way later this year. All of these are developed by groups of volunteers?

AHIMA WEB SITE

www.ahima.org...You can find all of these resources and much more in one location. Have you visited lately? Did you also know AHIMA has another web site for consumers called, www.myphr.com? Not only does it provide great information to the general public about managing personal health information but it can also be a great resource for you too.

VOLUNTEERING:

One of the best ways to get effectively engaged is by volunteering. Of course, there are a number of ways to do this:

- at your job...
- through this state association
- on a Community of Practice
- or in a local or state health information exchange initiative.

The experience of volunteering is a great way to provide the HIM perspective and contribute our expertise wherever it is needed to help improve the quality of health information. It can be also be a really valuable professional development activity. Here are some essential volunteer opportunities that need your participation...

- Start close to home. Opportunities include a wide range of

positions on FHIMA's Board of Directors:

- serving as a member of the house of delegates
- becoming trained as a PHR community education presenter
- and many others.

So much important advocacy and outreach work happens at the state and local level FHIMA can always use more members to provide leadership and to move programming forward here in Florida.

At the National level. Serving at the national level is a valuable and rewarding experience. AHIMA solicits nominations for each year for leadership positions on:

- the board of directors
- CAHIIM [PRONOUNCED KAY-HIM], the Council on Certification
- FORE

If you unable to serve at the national level...you can still contribute in one very important way...**by making sure you vote in these annual elections.**

There are also E-HIM work groups and Practice Councils...E-HIM workgroups generate leading edge practice guidelines for the electronic environment. And practice councils provide ongoing guidance in hot-topic areas. This year's practice councils include: Clinical Terminology and Classification, Electronic Health Record, Long Term Care, Personal Health Record, Physician Practice, and Privacy and Security. Those who have participated tell us it's been a great opportunity for them to learn about an emerging issue.

Don't sit back and assume someone else will always be there to volunteer...take your turn...step up and lead. Sure it takes a time commitment but the rewards are many. Volunteering is a great way to use your membership in AHIMA to get more engaged in key HIM initiatives.

EDUCATIONAL OPPORTUNITIES:

Another way to more fully engage your membership is by taking advantage of AHIMA's education and training opportunities. Today, we have more formal education options than ever before. The Commission on Accreditation for Health Informatics and Information Management Education—CAHIIM [PRONOUNCED KAY-HIM]—has accredited 47 bachelor's degree programs and approved two master's degree programs. Our data indicates that right now more than seventy-eight hundred (7,800) of our members are enrolled in formal education programs.

Today, we have six thousand (6000) members who have earned a master's degree or higher—that's more than double the number of members with advanced degrees just ten years ago.

In addition, you can continue your lifelong learning by taking advantage of some of the many training opportunities offered by AHIMA. Many of your fellow members are already doing this—did you know more than ten thousand (10,000) members participated in educational events last year, such as the Annual Convention, audio seminars, and online training courses?

HIM practice is being transformed by new technology. New skills are needed while others become obsolete. New jobs are being created as old ones go away. We all need to keep learning just to keep up. AHIMA is constantly looking for new ways to help us stay current, confident, and competitive.

And of course, we'll all be learning on the job as well. The important thing is to take every opportunity to continue to learn during this time of rapid change. Because if haven't noticed yet, the industry does not appear to be slowing down to wait for us to catch up.

Increased engagement by all of us creates an increasingly viable, visible, and venerable community of HIM leaders.

PROFESSIONAL NETWORK

As a member of AHIMA, you have access to a professional network of 50,000 colleagues. Take advantage of them—ask questions and learn new things. Talk with your boss, key department heads, and other coworkers about organizational initiatives...Network at meeting like this one...ask your colleagues what they are doing and how they got involved...talk with FHIMA leaders to find out what volunteer opportunities exist. And don't forget to share your experiences as well.

ADVOCACY:

Help to advance the profession and the association by getting involved in advocacy efforts for key HIM issues. This year we're focusing on securing a final rule for adoption of ICD-10, advancing EHR implementation and interoperability, and supporting efforts to advance work force development. To get a sample of all the work that's being done—and to lend your voice—visit our online Advocacy Assistant.

Nearly 150 of your colleagues from 33 states traveled to Washington, DC on March 15 for AHIMA's "Capitol Hill Day" to deliver our advocacy messages in person? Collectively, these members held more than 175 meetings with members of congress and their staff... all in one day!

GET ACTIVE

AHIMA members represent the very best of the profession. And the more actively engaged we all become...the more recognition and respect we will earn for our skills and expertise...and the more we

will strengthen our leadership position throughout the industry.

Remember, "Knowing is not enough; we must apply...Willing is not enough; we must do."

Now that you know about ways you can get engaged as a member of AHIMA, let's look at what's happening in the industry and how AHIMA is getting engaged in what's happening and how we are leading the change to e-HIM by bringing the HIM perspective to the national agenda.

KEY INITIATIVES IN OUR NATIONAL AGENDA

What exactly *is* the national agenda? Let's take a look at the key initiatives driving much of the public-private collaboration that's happening throughout the industry.

First, there are the federal contracts...

Taken together, these contracts shape the technology infrastructure for a nationwide electronic health information system...and AHIMA staff and volunteers are actively involved in or tracking each of these projects very carefully.

- Standards harmonization – The goal here is to “develop, prototype, and evaluate a process for achieving a widely accepted and useful set of health IT standards that will support interoperability.” This contract was awarded to the Health Information Technology Standards Panel (HITSP) and the American National Standards Institute (ANSI), a non-profit organization that administers and coordinates the U.S. voluntary standardization activities. AHIMA serves on standards panels connected to this effort.
- Compliance certification – The goal here is to “develop criteria and an evaluation processes for certifying EHRs and the infrastructure or network components.” This contract was awarded to the Certification Commission for Health IT (CCHIT) – CCHIT is the Limited Liability Corporation founded by AHIMA, HIMSS, and the National Alliance for Health IT. In addition to ownership, AHIMA staff work on certain aspects of support and AHIMA volunteers are serving on key work groups.
- National Health Information Network (NHIN) The goal here is to “create innovative state-of-the-art ideas for how health information can be securely shared.” This contract was awarded to a collaborative that includes Northrup Grumman, IBM, Computer Sciences Corp, and Accenture. Through CCHIT, AHIMA has access to contractor progress. AHIMA also serves on the Steering Committee for Connecting for Health and NHIN contractors provide status reports to this committee.

- Health IT adoption – The goal here is to “measure the state of EHR adoption and determining the effectiveness of policies aimed at accelerating adoption of EHRs and interoperability.” George Washington University, Partners/Massachusetts General Hospital, Institute for Health Policy, and Brigham and Women’s. Through CCHIT, AHIMA has opportunity to shape research design related to this contract.
- Privacy/Security – The goal here is to “work with approximately 40 states or territorial governments to assess and develop plans to address variations in organization-level business policies and state laws that affect privacy and security practices which may pose challenges to interoperable health information exchange.”

This contract was awarded through funding from AHRQ to the Health Information Security and Privacy Collaboration (HISPC) led by Research Triangle Institute with the National Governor’s Association. AHIMA is playing an important role here as a subcontractor to RTI and some CSAs will be asked to participate in fact finding and education.

BREAKTHROUGH PROJECTS

In addition to the federal contracts...there is the American Health Information Community (AHIC) – Formed by HHS in 2005, AHIC is pursuing a handful of projects designed to produce tangible short-term benefits for consumers. These “breakthrough projects” include:

- Biosurveillance –Looking at real-time nationwide *public health* event monitoring and response management
- Consumer empowerment –Focused on *electronic registration* summary with *medication history* available to targeted populations
- Chronic care – Working on secure *messaging* as a means of communication between clinicians and patients
- Electronic Health Records– Looking at accessing current and historical *laboratory* results and interpretation for clinical care.

AHIMA representatives attend each meeting and interact with AHIC members as necessary. AHIC meetings are open to the public and are broadcast on the internet if you wish to participate. Go to hhs.gov and search for AHIC.

OTHER IMPORTANT FEDERAL PROJECTS

In addition to the contracts and the breakthroughs, there are certainly other important federal projects going on such as:

- e-prescribing projects
- the federal health IT standards projects involving the Veteran's Health Administration and the Department of Defense
- health IT research supported by AHRQ
- the on going work of the National Committee on Vital and Health Statistics
- And several demonstration and research activities involving health information exchange activities at state and local levels. And, in fact, AHIMA—Through FORE—recently secured a contract from the Office of the National Coordinator to develop best practices and successful models for state-level regional health information organizations (RHIOs) in the areas of governance, structure, financing, technology and health information exchange policies. This is very important work for the Association and for the industry. AHIMA and FORE are proud to have been selected by Dr. Brailer's office to lead this project.

AHIMA is working hard to bring the HIM perspective to the national agenda in four keys areas.

1. Standards development.... Through our connections to the federal standards harmonization contract...by participating in the development of health information technology standards, such as HL7's Electronic Health Record System Functional Model and Standard...and through efforts to develop a standard for the legal medical record
2. EHR certification... through CCHIT's federal contract we are supporting the private-sector certification of electronic health record projects, to encourage speedier adoption of EHRs. CCHIT is currently finalizing a pilot process for certification of ambulatory EHR products and will begin work on certification criteria for inpatient EHRs.
3. Privacy and security...We continue to make new progress in the familiar area of privacy and security. Through our subcontractor work with the Research Triangle Institute and through our continued guidance to healthcare organizations on HIPAA implementation we are exploring the next generation of privacy in the era of health information exchange.
4. Data content...AHIMA is creating the first inventory of specialty data sets and advancing the use of reference terminologies and advanced classifications. And we continue our strong body of work in areas such as the advancement of vocabularies, mapping, and ICD-10.

YOUR INVOLVEMENT IS SO CRITICAL

It is through these activities and many others that AHIMA is working to advance the national agenda. So much of the national agenda is dependent on initiatives that are happening at the state and local level. And that's why your involvement is so critical. Our participation and success at the national level can only happen through a well-developed national network of state associations and

actively engaged members.

Working together we can ensure that HIM expertise is being applied where it needs to be...at all levels and at every step along the way... and that measurable progress is being made.

Progress *is* being made and HIM professionals *are* playing key roles in many of the local, state, and national initiatives taking place across the country. So we have much to be proud of...but, at the same time, there is so much more work left to do.

Let's all make a commitment to become more engaged. To stay focused on our professional responsibility. To recognize whenever or wherever we've NOT yet improved the quality of information available for healthcare decision-making. And to fulfill the promise of "Quality Healthcare Through Quality Information."

FHIMA Chief Delegate Report

Patricia Schnering, RHIA, CCS

FHIMA Chief Delegate

Holly Woemmel and I attended AHIMA Hill Day on March 15. There were thirty-three states with representatives from their component state association. One hundred and forty-two members made 185 visits to their respective house and senate representatives.

AHIMA staff had scheduled appointments with our congressional members for us. It all started Tuesday evening from 4:00 to 6:00 PM, when the AHIMA Policy and Government Relations Team hosted an in-depth briefing on Hill Day, the key advocacy positions and legislation such as HR 4157, the "Health Information Technology Promotion Act". On Wednesday, March 15, 2006, Capital Hill Day began with a breakfast briefing for all attendees. The briefing included an orientation on the activities for the day as well as a quick review of AHIMA's advocacy agenda, distribution of materials to present to our members of Congress, and the list of appointments with the Congressional staff members.

Holly and I attended the appointments together as a team from Florida. We visited three House of Representative members and two Senators. After each meeting, we completed a debriefing form to help AHIMA determine what additional follow-up with Congress was needed.

House:

We asked our representatives to support/cosponsor HR 4157, the "Health Information Technology Promotion Act" or at a minimum to support legislative language in HIT bills that provides for the adoption of ICD-10-CM and ICD-10-PCS the same ad the language included in HR 4157

Senate:

Our senators from Florida are very involved in (HIT) and have already passed HIT legislation (November 18, 2005. S.1418 "Wired for Health Care Quality Act"). Our key issue was to request that any HIT legislation that is sent to the President include language providing for the adoption of ICD-10-CM and ICD-10-PCS. This language exists in Section 3 of S 1952, the "Critical Access to Health Information Technology Act," which was introduced by Senator Norm Coleman (R-MN).

At the end of the day, there was an open house reception to mingle with policymakers and some of our alliance partners.

This was my first Hill Day and I was astounded at the amount of work that AHIMA has been doing with our congressional members. Although some of the House staffers still needed information about AHIMA and what we do, all of them knew about electronic health information. The Senate staffers were aware of AHIMA, what we do and the need for Health Information Technology (HIT) legislation. Until you walk it, it is difficult to envision the size of our national House of Representatives and Senate buildings. It is impressive to visit our national leaders in Washington D.C. It was an honor and a pleasure to serve as a representative of AHIMA and FHIMA at 2006 Capital Hill Day.

Information about AHIMA Policy and Government Relations Team Key Advocacy Issues

Reasons to Upgrade to ICD-9-CM Now!

1. Why we need to replace ICD-9-CM
2. System is 30 years old
3. System is outdated and obsolete
4. Outdated codes produce inaccurate and limited data
5. Unable to keep pace with advances in medical technology
6. Rapidly running out of space (space for only 70 codes left)
7. Lack of international comparability (other nations already using ICD-10)
8. Unable to meet current or future health data needs
9. Cannot support transition to interoperable health data exchange

Privacy, Confidentiality and Security of Health Information

1. New members in congress have little historical and institutional knowledge of HIPAA – HIPAA privacy and security briefing on March 6, 2006:
2. Barriers to HIT adoption

Privacy 2006 needs:

- a. Preemption – need uniform national standard

3. Adoption of the Genetic Information Nondiscrimination Act in Senate and House bills.

Senate bill: S 306, "Genetic Information Nondiscrimination Act" passes Senate.

House bill: HR 1277, "Genetic Information Nondiscrimination Act" – no action 168 cosponsors.

These bills prohibits enrollment and premium discrimination based on request of or receipt of genetic services; requiring genetic testing, collection and disclosure (exceptions)

4. Current Office of Civil Rights (OCR) activity:
 - a. Final HIPAA Administrative Simplification Enforcement (March 16, 2006)
 - b. OCR Reporting and Education
 - c. Pending issue: Individual participation in HIPAA violation

Nationwide Health Information Network (NHIN)

We need a properly funded and maintained national healthcare information infrastructure (NHII).

It needs to delineate the Primary and Secondary use of EHR Data.

Primary uses: clinical care and decision making/quality/risk management

Secondary uses include Quality monitoring, Injury protection, Public health monitoring, Biosurveillance, Research, Reimbursement and Health Policy making.

The following issues should be considered in a NHII

1. Classification, Terminologies and vocabularies like SNOMED
2. Consolidated Health Informatics: vocabulary and messaging standards
3. Terminologies – consistency of coding using ICD-9-CM or ICD-10-CM and ICD-10-PCS

The AHIMA-AMIA Task Force is looking at classifications, terminologies and vocabularies and how to handle them in HIT. Data standards and uniform guidelines are needed in order to maintain quality data and information in the health record

4. Health Information Networks in various forms and organizations: local, state and national

HIM issues: Data/record exchange, Confidentiality and Security, Integrity of data, HIM involvement, Personal Health Records (PHR)

HIM Workforce:

Current situation and need for funding in building the workforce of the future (Allied Health Professional Reinvestment Act of 2005 and Reauthorization of the Title VII of the Public Health Service Act.

Resources for the Capital Hill Day can be found in the Resources Section of the AHIMA Community of Practice (CoP) under the heading of "Capital Hill Day 2006". The information includes:

"Talking Points": discussion points to use during the meetings with elected officials

"About AHIMA" – a description of the Association (Advocacy Focused)

"AHIMA's Key Advocacy Issues" – a brief description of our key issues: consistency of Coding, Workforce, ICD-10 Implementation and Privacy

Copies of laws we are advocating for: HR 4154, the "Health Information Technology Protection Act," S 1952, the "Critical Access to Health Information Technology Act" and S 306, the "Genetic Information Nondiscrimination Act." Summaries of HR 4157 and S 1952 are also included.

AHIMA's Position Statements

In addition, AHIMA's position statements are in the AHIMA Body of Knowledge section directly below the "Resources Section" or at <http://www.ahime.org/dc/>.

Some of the position statements are listed below.

1. Implementation of SNOMED-CT Needed to Facilitate Interoperable Exchange of Health Information (Adopted July 21, 2005)
2. Statement on National Healthcare Information Infrastructure (Approved May 18, 2002)
3. Statement on Consistency of Healthcare Diagnostic and Procedural Coding (Approved May 18, 2005)
4. American Health Information Management Association (AHIMA) Position Statement on Genetic Nondiscrimination (Adopted July 21, 2005)
5. Statement on the Privacy, Confidentiality, and Security of Health

Records (Approved July, 10, 2003)

6. US Must Adopt ICD-10-CM and CID-10-PCS Immediate Action to Upgrade Medical Code Set Standards Needed (Revised and Approved July 21, 2005)

Respectfully submitted,

Patricia Schnering, RHIA, CCS



RHIO's and Florida State Information Exchange Initiatives

Kelly McLendon, RHIA

On January 18, 2006 the eHealth Initiative held a conference in Tampa called 'Connecting Communities Southern Regional Forum'. This meeting was attended by approximately 250 persons, featured presentations from RHIO's and stakeholders across the south and enjoyed Vendor participation as well.

The eHealth Initiative is an organization devoted to furthering health information exchange. It serves as a backing organization that allows many types of organizations from the Public and Private sectors to work together on creating workable environments that can foster health information exchange and develop technical and funding models that are sustainable and expandable. *Website:* <http://www.ehealthinitiative.org/>

According to the eHealth Initiative there were 109 health information exchange (HIE) projects underway across the nation that reported in the eHealth Initiatives 2005 Second Annual Survey. This is a useful measure to see how many of RHIO type projects are being undertaken throughout the nation. The Southeastern group represented at the Tampa meeting was a sub-group of the 109 projects, but served as an indication that there is significant interest and participation in various HIE projects.

There were some common themes we as record managers are interested in; all projects are working to define their mission, how they'll be funded on a sustained, go forward basis after the grants run out and what problems, like patient identification, what data sets and whether documents are to be interchanged. Privacy and Security was a known set of requirements from a high level, but there seems to always be a need for workgroups to define the details.

The State of Florida has set up the Governor's Health Information Infrastructure Advisory Board (GHIIAB) which was created by

Governor Jeb Bush. Michael Heekin is the Chair. This organization is responsible for oversight of the State of Florida's role in helping facilitate infra-structure for data interchange and moving efforts forward with pilot projects and some logistical support. *Website:* <http://ahca.myflorida.com/dhit/index.shtml>

The GHIIB has allocated \$1.5 million for grants for HIE or RHIO (Regional Health Information Organization) type projects. These projects are the 'official' state recognized projects and may not necessarily encompass all the HIE programs in the state, but are probably amongst the most important for HIM professionals to become involved in, to learn from and to extend our expertise.

HIM professionals may not be as actively recruited for many of these projects as we would like, therefore it is incumbent for us as a professionals to reach out and volunteer to serve as knowledgeable experts, on Privacy, Security, IT, Data Interchange, Legal Health Records and more. There is a distinct bend in favor of clinicians in all these projects. In order to assure focused record management policies and requirements HIM professionals should work to leverage their expertise.

The following is a list of HIE projects that have gotten grants from GHIIB sources. FHIMA encourages participation from FHIMA members in each of these projects.

- Big Bend RHIO – Tallahassee
- Tampa Bay RHIO
- Western Palm Beach County Health Information Infrastructure Operations and Evaluation Project.
- Central Florida RHIO – Orlando
- Brevard County Health Information Network
- Escambia Health Information Network (ESHIN)
- South Florida Health Information Initiative
- Pinellas Regional Health Organization: Diabetes and Pediatric Asthma Health
- Information Exchange (Pinellas RHIO)
- Primary Care Information Technology and Electronic Patient Record Education Program

FHIMA is interested if you are participating in a regional RHIO. Please let us know. We are interested in what progress is happening in the RHIO's. This information will be collected and reported to the membership quarterly. It is important that we all participate in this important initiative towards the EHR in our state. We want to hear from you!

Best Practices - Bridging the Gap! Education to Employment

Janelle I. Wissler, RHIA, CCS, CMT

Editor's note: In March we asked FHIMA members to share how they contributed to prepare students to transition to employment. We asked you to describe how you've helped prepare a student from

being a "student" to being an "employee". Here is a submission from Janelle Wissler.

I know I am just one of many HIM professionals who helped an HIT student to transition from Student to Employee, but I want to share my story.

I moved from Indiana to Fort Myers in Spring 2005, to work as a Data Quality Manager at Lee Memorial Health Systems. In the summer I was contacted by International College to take a student for her final internship. It had been many years since I had mentored a student, and I was still new to the position, and my schedule was full, and all of those things we all use for excuses not to take students. However, something told me I needed to do this. We got off to a rough start as the contact at the college didn't e-mail me the syllabus before the start date, and then the student missed the first day; and then syllabus was new and different from the previous one that had been shared with me; but when the student and I met, I knew this was meant to be. Elbony was full of smiles, well prepared, eager to learn; a clinical site cannot ask for more. We worked through this new syllabus together: I took her from facility to facility, department to department, person to person. We learned our way around this large health system, together. We were able to customize the school's outline to work for her, for me, and for my schedule. We even worked a Saturday so we could have peace while doing the required audit element. One day I missed for a family illness, another day she missed for missing an airplane, and another day we both missed due to Hurricane Wilma. But, at the end of the semester, all assignments were done and we had both learned more than anyone could have expected from either of us. On January 23rd, five weeks after the internship ended, Elbony was employed by LMHS as an HIM Dept Lead. She already knew the key contact people, she knew her way around the campuses, and she is now ready to sit for the RHIT exam this Spring.

We make a difference one student at a time.

Janelle I. Wissler, RHIA, CCS, CMT
Data Quality Manager
Health Information Management
Lee Memorial Health System
janelle.wissler@leememorial.org

The Social Security Administration's Disability Program and Its New Electronic System - "Helping You, Helping Us, Helping Patients"

William (Cleve) Dobbins, Florida Division of Disability Determinations

Program Description

The Social Security Administration (SSA) administers two programs that provide benefits based on disability: the Social Security

Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program. The SSDI and SSI programs are the two largest federal programs providing cash assistance to people with disabilities. More than 740,000 Floridians receive almost \$6 billion annually in disability benefits.

Definition of Disability

The law defines disability as the "inability to engage in any substantial gainful activity [work] by reason of any **medically determinable** physical or mental impairment[s] which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months" (Social Security Act 223(d)).

The Disability Determination Process

Disability claims are processed through a network of local Social Security field offices and State agencies, usually called Disability Determination Services, or DDSs. SSA representatives in the field offices obtain applications for disability benefits then send the case to the state DDS for evaluation of disability. The DDSs are responsible for collecting the medical evidence and rendering the initial determination on whether the claimant is or is not disabled under the law.

The Role of the Health Professional

Health professionals play a vital role in the disability determination process and participate in the process in a variety of ways. As treating sources they provide medical evidence about the nature and severity of an individual's impairment(s). Currently, most disability claims are decided on the basis of medical evidence from treating sources. The Social Security Act places special emphasis on evidence from treating sources because they are likely to have the most current and complete medical records. Information from treating sources accelerates the processing of the claim because it greatly reduces or eliminates the need for additional medical evidence to complete the claim. All medical records and reports received are considered during the disability determination process.

SSA's Electronic Process

The Electronic Disability System (eDIB) is a major SSA initiative that moves claims adjudication to a paperless electronic business process. An electronic disability folder (EF) will consist of information that is keyed into data entry fields and images of documents that have been scanned or faxed, and electronic forms that have been uploaded to the EF as images. Since medical evidence dominates the disability folder, it makes sense to obtain that evidence in an electronic format whenever possible. If records do come in a paper format, the paper records will be digitally scanned into the electronic folder. Transferring documents electronically will mean substantial savings for both providers and SSA.

The Florida DDS is scheduled to be certified as a fully electronic state in June 2006.

Provider Options for Submitting Medical Evidence

SSA recognizes that providers have a wide range of capabilities and needs, so it has built a flexible set of secure, HIPAA compliant processes to obtain records electronically. For providers of medical records the following two options are available:

Fax - Use your office fax to send records any time day or night. The first page of the fax must be the bar coded request letter from the State disability determination services (DDS). The faxes are retained in a digital format for claims processing.

Secure Web – Single Case (via EME Services) – You can transfer records (either single case or groups of records on difference patients) through the SSA EME (Electronic Medical Evidence) Services web site using your existing Internet connection. The only software needed is a Web browser. You enter a small amount of case information from the DDS request letter, then attach the electronic data – scanned paper records, a report generated by your electronic records system, or a report typed in your favorite word processor (Word, WordPerfect, etc.) This option requires a User Name and Password supplied by the SSA.

How Does This Electronic Process Benefit Healthcare Providers?

- No need to photocopy the records
- No need to prepare photocopied records for mailing
- Faster payment for the records you send electronically
- Reduced processing time for your patient thus less time for Medicare/Medicaid coverage if the claim is approved

For more information or to apply to become a secure website (EME Services) user, please contact Cleve Dobbins at 866-804-9168, Ext. 347 (cleve.dobbins@ssa.gov) or Kathryn Rebman at 800-817-1598, Ext. 441 (kathryn.c.rebman@ssa.gov). Please stop by our exhibit at the FHIMA Annual Convention in July.

Regional Association Working to “Bridge the Gap”

Diana L. Spaulding, RHIT, CCS, President, Suncoast HIMA

On March 13th, Suncoast Health Information Management Association (SHIMA) sponsored a student meeting at Indian River Community College (IRCC) with great success. Held in the evening, over 50 enthusiastic students attended the meeting. Some students brought family members, so their family could learn more about the

profession they were studying. Also, attending the meeting were IRCC's Health Information Management (HIM) Program Director, Claudia Keating, MEd, RHIA, and the Assistant Dean of Health Sciences, Jane Cebelak. The college and HIM students reserved the health sciences auditorium and provided the refreshments. Suncoast HIMA organized the program content and speakers.

The purpose of the student meeting was three-fold. First, it was to introduce students to the mission and organizational structure of AHIMA, FHIMA, and regional HIM associations and to expound upon the benefits of membership and networking. Second, the meeting was an opportunity to showcase the many opportunities and diversity within the HIM profession. Lastly, the meeting provided a forum for offering practical advice and helpful tips to the students on how to succeed in the profession.

Our evening began with a presentation by Stacie Buck, RHIA, LHRM on *Orientation to AHIMA Membership*. Stacie covered the organizational structure of AHIMA, FHIMA, and SHIMA, and most importantly the benefits that membership and networking brings to the individual. Next, Diana Spaulding, RHIT, CCS gave a presentation titled *Selling Yourself and Being Successful in the HIM Profession*, an adaptation of Margaret Stewart's inspirational keynote address from the FHIMA Convention in 2002. The presentation emphasized the need for a personal mission statement, tactics for success, principals to live by, and personal charges for continual learning and growth. These two presentations concluded the first hour of the meeting.

Unquestionably, the most exciting part of the meeting was the second hour – *Meet the Professionals!* A panel of four distinguished HIM professionals participated in an interactive discussion with the students. Each panelist began by sharing a description of her career path and explained her current job role. Our panelists represented the wonderful diversity of career paths available within our profession: Ellen Arnold, RHIA, Application Development Advisor for McKesson Provider Technologies and Health Quest Product Development; Kathy Pride, CPC, Director of QuadraMed Government Program Services; Karen Rodriguez, RHIA, Director of HIMS Tenet Healthcare, Palm Beach Medical Center; and Martha Taylor, RHIT, HIM and Coding Supervisor of Sebastian River Medical Center. We ran 30 minutes over schedule because the students were so interested in each panelists work and advice!

Suncoast HIMA also distributed a CD Tool Kit to the students that provide information about the profession. The tool kit included both speakers' presentations along with key articles from the AHIMA Body of Knowledge. This tool kit was forwarded to the FHIMA FIRE Committee for evaluation and use in their work. We also gave out lighted pens with our Suncoast HIMA website address as a reminder to the students where to find us. We encouraged the students to join the association and start their professional networking by volunteering before graduation.

Suncoast HIMA would like to encourage other regional associations to incorporate student meetings into their annual plans. Immediately after FHIMA's Leadership Conference last September, Suncoast HIMA began making plans for the student meeting. Part of FHIMA's strategic plan addresses specific goals in *Bridging the Gap from Education to Employment*. Our region has worked to support and mirrored those goals. We believe regional associations can do much to support both AHIMA and FHIMA on a grassroots level to achieve true collaboration and coordination of the strategic plan.

There have been many benefits to this simple collaboration and coordination of action on *Bridging the Gap*. The students were thrilled with the event. We have received numerous written thank you letters and emails from the students. We have been invited by the college to return for future events. IRCC's Assistant Dean of Health Sciences has asked Stacie Buck if she would consider designing a class that would help the HIM student better prepare for the transition from education to employment – a pretty exciting offer! A dialog has been started on the AHIMA and State Leaders/HOD Communities of Practice about doing other such events elsewhere and all else good about the *Bridging the Gap* resolution. New corporate involvement is taking place with this resolution. Above all, the HIM students are our legacy. We should be doing all we can to mentor them and help them succeed within this profession.

The World's Best-Selling Speech Recognition Software Just Keeps Getting Better

Dragon NaturallySpeaking 9 Medical

AMAZINGLY ACCURATE!
REDUCE OR ELIMINATE MANUAL TRANSCRIPTION!
FASTER THAN TYPING!
NETWORK READY!
BLUETOOTH SUPPORT!

Buy Online Today
1st-dragon.com

For More Information Call Polly @
813-962-3829



FHIMA

Florida Health Information Management Association

HOME
SEARCH
BULLETIN
BOARD

PRESIDENT'S
MESSAGE

FHIMA NEWS

ARTICLES

AHIMA UPDATE

REGIONAL NEWS

SCHOOL NEWS

e-Coastlines

AHIMA Update

May/June 2006

1. FORE Merit Scholarship Deadline April 28

Since 1991, FORE has awarded \$460,000 in scholarships to 366 students. Applications are now being accepted for the 2006 FORE Merit Scholarships. **The application deadline is Friday, April 28, so follow the instructions below and complete your application today.** Visit <http://www.ahima.org/fore/undergrad.asp> for the 2006 application form. Call (312) 233-1131 or e-mail fore@ahima.org with any questions about the application process.

To be eligible you must:

- be a member of AHIMA
- be accepted for enrollment in an approved program of study (visit http://www.ahima.org/careers/college_search/search.asp to see if your school is an approved program)
- be taking a minimum six hours per semester or eight hours per quarter in pursuit of a degree
- have a cumulative GPA of 3.0/4.0
- have at least one or more semesters remaining at the time of award (award date is August 2006)

To complete your application, submit:

- transcripts
- three letters of recommendation
- verification of enrollment



2. CMS Publishes FY 2007 IP-PPS, Extensive Discussion on DRGs

The Centers for Medicare & Medicaid Services has finally published its proposed Medicare inpatient prospective payment system (IP-PPS) for fiscal year (FY) 2007 (71FR23996). The 476-page proposed rule includes a number of reimbursement changes for hospital that have not been on the IP-PPS system. The rule also discusses proposals to refine the diagnosis related group system to "better recognize severity of illness among patients" and other changes over the next two years. The proposed rule can be found in the April 25 *Federal Register* at http://www.access.gpo.gov/su_docs/fedreg/a060425c.html.

3. Federal Agencies Publish Semiannual Regulatory Agendas

The April 24 *Federal Register* includes the semiannual regulatory agendas for a variety of federal agencies. Published twice a year, the agendas indicate what issues or projects are being worked on by the department and key milestone dates for the projects. Of interest to health information management professionals are:

- Department of Education—71FR22513 (book 2)
- Department of Health and Human Services—71FR22537 (book 2)
- Department of Labor—71FR22895 (book 3)
- Department of Veterans Affairs—71FR23179

The four books along with instructions on how to interpret the agendas can be found at http://www.access.gpo.gov/su_docs/fedreg/a060424c.html.

4. IFHRO Congress Announces Call for Papers

The International Federation of Health Records Organizations (IFHRO) will hold its 15th Congress May 27-30, 2007, in Seoul, Korea. The theme of the meeting is "Business Intelligence in Health Care Management" and will explore topics such as data quality management, standardization, and health information privacy and security.

Please note that **the deadline for abstract submissions is June 27**. For more information, visit <http://www.ahima.org/international/> and <http://www.ifhro2007-kmra.org/>. Abstracts can be submitted via e-mail at kmra25@hotmail.com.

5. New Online Patient Safety Resource Center Launched

The Joint Commission International Center for Patient Safety recently announced a new online database which offers a

collection of practices and interventions for preventing adverse events. The database is designed to encourage users to submit and share their own safety practices. According to Laura Botwinick, co-director of the Joint Commission International Center for Patient Safety, "This online resource of safe practices should be of major assistance to healthcare professionals in advancing their efforts to deliver safe, high quality care." For more information, visit <http://www.jcipatientsafety.org/psp>.

6. Study Indicates HIT Key to Improving Healthcare Quality

A study published in a recent issue of the *Annals of Internal Medicine* reviewed evidence on the costs and benefits associated with health information technology. By developing analytical frameworks to describe HIT implementation components, the study revealed that quality can be improved by adhering to guidelines, enhancing disease surveillance, and decreasing medical errors. The article, "Systematic Review: Impact of Health Information Technology on Quality, Efficiency, and Cost of Medical Care" is available at <http://www.annals.org/cgi/content/full/000605-200605160-00125v1>.

7. Plan Now to Nominate a Colleague for a FORE Triumph Award

The FORE Triumph Awards are national awards designed to honor leadership in the HIM field, reward contributions that build our knowledge base, recognize excellence in preparing future HIM professionals, and encourage fresh talent and new leadership.

We need your help to ensure that worthy individuals are recognized. It all starts with a nomination. Simply review details of the award categories and complete the nomination form. Go to <http://www.ahima.org> and click on the FORE logo on the right hand side of the page. Then click on Triumph Awards on the left to get to the information and application.

Remember that **the 2006 nomination deadline is June 2**. Make sure your nominee has a chance at the recognition he or she deserves. If you have any questions, please contact Marilyn Render at marilyn.render@ahima.org. The 2006 Triumph Awards will be presented at AHIMA's National Convention and Exhibit in Denver, CO.

The FORE Triumph Awards program made possible by a very generous grant from MedQuist Inc.

8. New PHIM Article Published

The latest article published in *Perspectives in Health Information Management*, "Self-Care Communication during Medical

Encounters: Implications for Future Electronic Medical Records," by Nedal H. Arar, MA, MS, PhD; Chen-Pin Wang, PhD; and Jacqueline A. Pugh, MD, addresses the time physicians spend using the electronic medical record and discussing self-care topics with patients. These self-care topics included medication use, disease symptoms, diet, exercise, smoking, and alcohol consumption. According to the authors, "EMRs offer the opportunity to involve patients and physicians in discussion of self-care during patient's visits. Given the current emphasis on the widespread implementation of EMRs, future EMRs should be designed to systematically facilitate the integration of EMRs into clinical exchanges about self-care." To view the complete article, visit http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_031284.html.

9. CoP News You Can Use

Updating Your Member Profile

Spring into action and make sure your member profile information is current. This data will help you connect with colleagues and provide information about your practice area.

It is quick and easy to update your profile information. Go to <http://www.ahima.org> and select the Communities of Practice icon. After logging into the CoP, click on the "Update Profile" icon located in the top toolbar. The login procedure is as follows:

1. Enter your AHIMA ID (in its full seven-digit format including any leading zeros) in the box for "AHIMA ID." In the "password" box, enter your password including any spaces or hyphens. Your password may be your last name if you have not changed it.
2. Once you are at the first update screen, press the "edit" button to begin making changes and the "continue updating" button to move on to the other update screens. Please be sure to update all the screens including your contact information, demographics, work settings, job function, educational information, areas of interest, and communication preferences. You can also change your password if you'd like.

If you experience difficulties logging in or if there are any other issues we may help you with, please contact customer relations via e-mail at ProfileHelp@ahima.org or by telephone at 800-335-5535.

10. AHIMA Applauds Brailer's Leadership, Unprecedented Progress

Upon announcement of his resignation, AHIMA has released a statement applauding the leadership of David Brailer, MD, PhD, as the first national coordinator for health information technology, citing the unprecedented progress he achieved

toward improving the quality and efficiency of healthcare through health information technology.

Since his appointment in May 2004, Brailer has brought the industry together to improve healthcare through the use of technology. As head of the Office of the National Coordinator for Health Information Technology (ONC) in the Department of Health and Human Services (HHS) he unveiled the first details of the program in the 2004 ONC and HHS strategic framework, "The Decade of Information Technology." (<http://www.hhs.gov/healthit/strategicfrmwk.html>)

"The level and speed of progress made by the Office of the National Coordinator under Dr. David Brailer's leadership has been nothing short of phenomenal," said Linda Kloss, MA, RHIA, AHIMA CEO. "Over the past two years, Dr. Brailer and his staff achieved the type of breakthrough progress the industry has been waiting on for the last 20 years."

As a speaker at the 2004 and 2005 AHIMA annual conventions, Brailer said that HIM professionals are key to helping the healthcare industry reach its healthcare IT goals. AHIMA members are "people who have stepped to the front lines, who live and breathe the question of how we make changes" in the healthcare system he said in 2004. AHIMA honored Brailer with its first annual Quality Healthcare through Quality Information Award in 2005.

During Brailer's tenure, a number of health IT adoption initiatives were created, including the American Health Information Community. Several entities were awarded federal contracts to create the national health information network, including the Health Information Technology Standards Panel, the Certification Commission for Healthcare Information Technology, the Health Information Security and Privacy Collaboration, and organizations that will develop a prototype for a national health information network.

In addition, the ONC and the Foundation of Research and Education (FORE) published two reports in 2005 detailing how health information technology can address the growing problem of healthcare fraud. This year, FORE will develop best practices and successful models for state-level regional health information organizations in a study under an ONC contract.

According to a statement by HHS Secretary Mike Leavitt, Brailer will serve as vice chair of the American Health Information Community. He will also continue to serve as a consultant to HHS. To learn more about ONC, go to <http://www.hhs.gov/healthit/>. To view AHIMA's complete press release, visit http://www.ahima.org/press/press_releases/06.0421.asp.

